



## Nursing Facility Reporting of Omnibus Budget Reconciliation Act (OBRA) Information MA 408 Form Instructions

1. Nursing Facility (NF) must fill in all sections of the form.
2. Fax or secure email the form to the appropriate Field Operations Office within 48 clock hours of the individual's event. Include a copy of the PASRR Level I and program office (PO) letter(s) when form is faxed or secure emailed. Do not send a PASRR Level I or PO Letter for Discharge or Expired individuals.

### SECTION I – NURSING FACILITY INFORMATION

3. Enter complete name and address for the nursing facility.
4. Enter date the form is sent.
5. Enter the Pennsylvania county code for where the nursing facility is located.
6. Enter the 13-digit Medical Assistance (MA) Service Provider Identification number for the nursing facility.
7. Enter the name of contact person, title, email address, telephone number, and fax number in case of any questions.

### SECTION II – RESIDENT INFORMATION

8. Enter the individual's name, date of birth, Social Security Number (all 9-digits), and original admission date.
9. Check the PO category for the criteria met: MH (Mental Health), ID/DD (Intellectual/Developmental Disability), or ORC (Other Related Condition).
10. Enter the date of the PO letter that the individual has received.
11. Enter the following information from the letter: Check if Long-term, Short-Term, NF Ineligible (NFI), does not meet the PO criteria, check if the packet has been forwarded to another PO, and whether there are specialized services recommended.

### SECTION III – RESIDENT TRACKING DATA

12. Check the reason for sending the MA 408 form. Enter the date of the event. All entries should be explained in the comment section.
  - **New Admission** – An individual that is new to the NF and meets criteria for MH, ID/DD, or ORC program office on the PASRR Level I, has been evaluated with a PASRR Level II, has a PO letter, or is from out of state. Explain in the comment section where the individual was admitted from, such as state (if from out of state), community setting, hospital, and/or prior NF.
  - **Exceptional Admission** – Check the type of exceptional admission, and check that you are attaching the additional information that must be faxed with the MA 408 form.
  - **Change in Criteria** – Any change in the individual that previously met or now meets criteria for MH, ID/DD, and/or ORC program office; i.e., individuals staying longer than authorized time frame or someone that wakes from a coma, etc. Explain in the comment section what the change is and who was spoken to at the PO if this is an extension.
  - **Unreported Resident** – Individual meets PO criteria, but for some reason, it was not reported to the Field Operations Office on this form; i.e., admitted an individual that is an exceptional admission without documentation. Explain in the comment section on the form.
  - **Discharge** – Explain in the comment section where the individual was discharged to. If the individual is expected to return to the NF after hospitalization, do not send this form.
  - **Expired** – Check and date when an individual expires.
  - **Individual Needs a PASRR Level II** – Check who is to evaluate the individual.